



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**DATAMASTER MAINTENANCE REPORT**

Cedar Co. SO, Stockton

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN <b>204184</b>		DATE OF INSPECTION <b>6/15/2009</b>	
LOCATION OF INSTRUMENT (STREET AND CITY) <b>2920 North Shamrock Road, Jefferson City</b>		TIME OF INSPECTION <b>12:40</b>	
<b>CHECKLIST:</b> Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.			
<input checked="" type="checkbox"/> <b>DIAGNOSTIC CHECK (PRINTOUT ATTACHED)</b>			
<input checked="" type="checkbox"/> <b>COMPUTER</b>		<input checked="" type="checkbox"/> <b>DETECTOR</b>	
<input checked="" type="checkbox"/> <b>PROGRAM</b>		<input checked="" type="checkbox"/> <b>FILTERS</b>	
<input checked="" type="checkbox"/> <b>HEATERS SAMPLE CHAMBER</b> +50°C		<input checked="" type="checkbox"/> <b>QUARTZ STANDARD</b>	
<input checked="" type="checkbox"/> <b>FLOW DETECTOR</b>		<input checked="" type="checkbox"/> <b>CALIBRATION</b>	
<input checked="" type="checkbox"/> <b>PUMP HIGH SPEED</b>		<input checked="" type="checkbox"/> <b>PRINTER</b>	
<input checked="" type="checkbox"/> <b>INDICATOR LIGHTS</b>			
<input checked="" type="checkbox"/> <b>TIME AND DATE</b> 11:05            6/5/2009			
<input checked="" type="checkbox"/> <b>SIMULATOR TEMPERATURE</b> (34 °C ± 0.2°C)    +33.97°C			
<input checked="" type="checkbox"/> <b>CALIBRATION CHECK -</b> Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)			
<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input checked="" type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE <b>(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b>			
TEST 1	<b>.040</b>	TEST 2	<b>.039</b>
TEST 3	<b>.039</b>		
<input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST (PRINTOUT ATTACHED)</b>			
<input checked="" type="checkbox"/> <b>NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)</b>			
REFUSALS	0	(0-.04)	0
		(.05-.09)	0
		(.10-.14)	0
		(.15-.19)	0
		(Over .19)	0
List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary) <u>Upgraded firmware from version 12-15-1999 to 04-07-2009. Replaced CPU microprocessor IC. Confirmed and adjusted instrument voltages where necessary. Recalibrated instrument.</u>			
Guth Laboratories, lot #09010, expiring 1/6/2010			
<b>INSPECTING OFFICER</b>			
SIGNATURE 		PRINT NAME <b>Dewayne D. Carver</b>	
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>720219    10/29/2009</b>		TELEPHONE NUMBER <b>(573) 751-4722</b>	



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **09010** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.0482** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **January 6, 2010** at **11:59 PM**.

When used in a calibrated Simulator, operating at **34°C +/- .2°C**, this solution will give a breath alcohol analysis instrument reading of **0.04** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204184

06/15/09  
12:40

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2009): OKAY  
HEATERS:  
SAMPLE CHAMBER: 50c  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrstuvwxyz{|}~

OPERATOR SIGNATURE

*Carver Dewayne*

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204184  
06/15/09

TESTING OFFICER:

CARVER/DEWAYNE/D

OFFICER I.D.: C41

PERMIT NUMBER: 720219

EXPIRATION DATE: 10/29/09

MISCELLANEOUS DATA:

.04 VAPOR CALIBRATION CHECK

GUTH LABS LOT 09010 EXP 1/6/2010

--- SUPERVISOR MODE ---

BLANK TEST	.000	12:43
INTERNAL STANDARD	VERIFIED	12:44
EXTERNAL STANDARD	.040	12:44
BLANK TEST	.000	12:45
EXTERNAL STANDARD	.039	12:45
BLANK TEST	.000	12:45
EXTERNAL STANDARD	.039	12:46
BLANK TEST	.000	12:46

N = 3

SIM. = .1

AVG. = .0393

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204184  
06/15/09

ARREST TIME: 00:00

SUBJECT NAME:

X

DOB: 01/01/01

SEX: M

STATE/D.L.: XX/X

ARRESTING OFFICER:

X

OFFICER I.D.: X

TESTING OFFICER:

CARVER/DEWAYNE/D

OFFICER I.D.: C41

PERMIT NUMBER: 720219

EXPIRATION DATE: 10/29/09

MISCELLANEOUS DATA:

RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	12:48
INTERNAL STANDARD	VERIFIED	12:48
SUBJECT SAMPLE	.000	12:48
RADIO INTERFERENCE		

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



DEWAYNE D. CARVER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

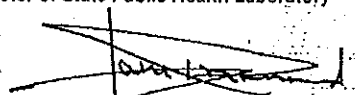
Date 10/29/07

Number 720219

Expires 10/29/2009

MO 580-0771 (7-88)

  
Director of State Public Health Laboratory

  
Director, Department of Health

Lab. 4 (R7-88)